Public Health Emergency Preparedness and Response Capabilities

2018 Update Initiative—What Changed?

Capabilities Update Initiative

In 2011, the Centers for Disease Control and Prevention (CDC) established 15 capabilities that serve as national standards for public health preparedness planning. Since then, these capability standards have served as a vital framework for state, local, tribal, and territorial preparedness programs as they plan, operationalize, and evaluate their ability to prepare for, respond to, and recover from public health emergencies.

Over the years, feedback from subject matter experts (SMEs) across CDC, state and local health departments, and national partner organizations highlighted specific opportunities to revise and modernize the capabilities. In 2017, CDC began updating the capabilities in response to lessons learned from public health emergency responses, updates to public health preparedness science, revised guidance and resources, findings from internal reviews and assessments, SME feedback from the practice community, and input from allied federal agencies. In addition, representatives from professional associations, including the Association of Public Health Laboratories (APHL), the Association of State and Territorial Health Officials (ASTHO), the Council of State and Territorial Epidemiologists (CSTE), the National Association of County and City Health Officials (NACCHO), and the National Emergency Management Association (NEMA) provided input on the updated content.

The capabilities update focused on streamlining language and aligning content with new national standards, updated science, and current public health priorities and strategies. The capabilities also support topics such as pandemic influenza, environmental health, at-risk populations, and tribal populations.

The 2018 Public Health Emergency Preparedness and Response Capabilities maintains the 15 capabilities structure, with minor revisions to capability definitions, modest revisions to function structure and definitions, and significant revisions throughout most tasks and resource elements.

Capability
Maintained with minor revisions

Functions
Modest revisions

Tasks
Significant revisions

Resource Elements
Significant revisions
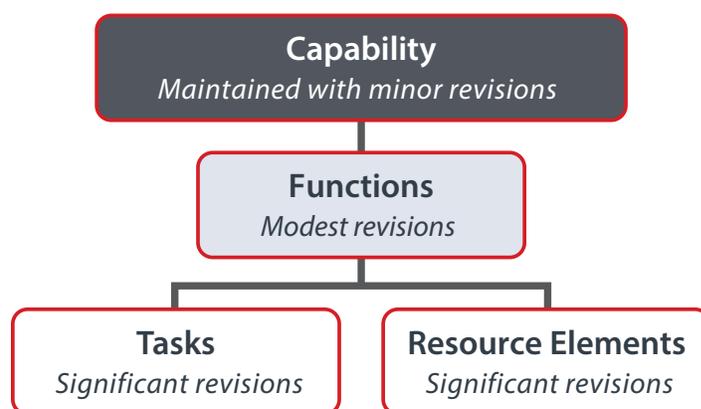
Centers for Disease Control and Prevention
Center for Preparedness and Response

Unlike the 2011 version, this 2018 update does not include programmatic performance measures. However, jurisdictional public health agencies are encouraged to use the updated content to foster their own evaluation strategies.

CDC incorporated revisions based on specific criteria that determined whether the suggested feedback

- Reflected the growth and evolution of public health preparedness and response;
- Supported the continued advancement of state and local preparedness programs;
- Drew upon the best available evidence and updated national resources;
- Avoided specific implementation guidance like what will be included in CDC's Public Health Emergency Preparedness cooperative agreement requirements or evaluation criteria, such as performance measures; and
- Was applicable to diverse state, local, tribal, and territorial public health systems (avoiding unique topic areas and jurisdiction-specific approaches).

Summary of Changes by Capability

Capability 1: Community Preparedness

- Defines at-risk individuals as people with access and functional needs that may disproportionately impacted by an incident, and provides parameters to identify those populations
- Highlights Americans with Disabilities Act (ADA) requirements in jurisdictional public health preparedness and response plans
- Accentuates the importance of community partnerships, including tribes and native-serving organizations in public health preparedness and response activities
- Promotes integration of community partners to support restoration of community networks and social connectedness to improve community resilience

Capability 2: Community Recovery

- Highlights the need to define the jurisdictional public health agency recovery lead and support role
- Supports the National Disaster Recovery Framework (NDRF)
- Promotes integration of community partners to support community recovery and restoration
- Emphasizes engagement of community partners to access hard-to-reach populations to ensure inclusive communications that meet the needs of the whole community

Capability 3: Emergency Operations Coordination

- Distinguishes the need to identify and clarify the jurisdictional Emergency Support Function #8 (ESF #8) response role based on incident type and characteristics
- Incorporates the National Health Security Strategy and Crisis Standards of Care for public health activation
- Emphasizes the importance of supporting development of mission ready-packages for mutual aid and understanding the Emergency Management Assistance Compact

Capability 4: Emergency Public Information and Warning

- Promotes the need to leverage social media platforms for issuing emergency public information and warnings
- Clarifies conditions for establishing a virtual Joint Information Center and Joint Information System
- Includes content to identify and reach populations at risk to be disproportionately impacted by incidents and those with limited access to public information messages

Capability 5: Fatality Management

- Clarifies importance of identifying the public health agency role in fatality management and describes potential fatality management lead, advisory, and support roles
- Aligns the fatality management definition to the existing federal definition as recommended by the U.S. Department of Health and Human Services' (HHS), Disaster Mortuary Operational Response Team
- Updates resources to improve coordination, accuracy, and timeliness of electronic mortality reporting

Capability 6: Information Sharing

- Increases alignment to public health surveillance and data strategies
- Emphasizes the need to implement data security and cybersecurity
- Emphasizes the need to decrease reporting time and increase collaboration by expanding use of electronic information systems, such as electronic death registration, electronic laboratory reporting, and syndromic surveillance systems

Capability 7: Mass Care

- Incorporates content for accommodating individuals with functional and access needs within general population shelters
- Includes considerations for registration of individuals requiring decontamination or medical tracking in the event of an environmental health incident
- Coordinated content with HHS Assistant Secretary for Preparedness and Response's (ASPR) Health Care Preparedness and Response Capabilities

Capability 8: Medical Countermeasure Dispensing and Administration

- Revises the Capability 8 title, definition, and content to account for both the dispensing and the administration of medical countermeasures, such as vaccines, antidotes, and antitoxins
- Adds content and resources to account for potential radiological or nuclear exposure
- Broadens the network of dispensing and administration sites to include pharmacies and other locations

Capability 9: Medical Materiel Management and Distribution

- Broadens the cold chain management guidance to include all aspects of storage and handling
- Expands recovery activities to incorporate proper handling and disposal of infectious, hazardous, or contaminated materiel and waste
- Accounts for security and inventory management tasks that occur throughout the entire distribution process

Capability 10: Medical Surge

- Emphasizes the need to define public health agency lead and support roles within medical surge operations
- Eliminates use of the term "HAvBED" because the term is no longer promoted by the Hospital Preparedness Program and focuses instead on "situational awareness" and "health care systems tracking" as an overarching theme
- Emphasizes the need to identify and clarify the jurisdictional ESF #8 response role in medical surge operations based on jurisdictional role and incident characteristics

Capability 11: Nonpharmaceutical Interventions

- Focuses on collaboration by expanding suggested partners for implementing nonpharmaceutical interventions
- Supports establishment of community reception center processes to enhance ability to respond to radiological and nuclear threats
- Highlights management of mass gatherings (delay and cancel) based on all-hazards scenarios

Capability 12: Public Health Laboratory Testing

- Updates Laboratory Response Network (LRN) requirements
- Incorporates LRN-chemical requirements
- Prioritizes cooperation, coordination, and information sharing with LRN laboratories, other public laboratories, and jurisdictional sentinel laboratories

Capability 13: Public Health Surveillance and Epidemiological Investigation

- Increases alignment with public health surveillance and data strategies
- Strengthens surveillance systems for persons in isolation or quarantine and persons placed under monitoring and movement protocols
- Emphasizes syndromic surveillance and data collection to improve situation awareness and responsiveness to hazardous events and disease outbreaks, for example, participation in the CDC's National Syndromic Surveillance Program BioSense Platform

Capability 14: Responder Safety and Health

- Incorporates the need to securely manage responder data
- Improves responder on-site management, tracking, in-processing, and out-processing
- Reprioritizes hierarchy of control and promotes the alignment of responder safety and health control measures, for example, personal protective equipment, with jurisdictional risk assessment findings

Capability 15: Volunteer Management

- Addresses the need to monitor volunteer safety, risks, and actions during and after an incident
- Strengthens and clarifies volunteer eligibility considerations, such as medical, physical, and emotional health, during the volunteer selection process
- Promotes use of Emergency Responder Health Monitoring and Surveillance™